

BOARD OF PSYCHOLOGY

2005 Evergreen Street, Suite 1400 Sacramento, CA 95815-3831



LICENSE RENEWAL APPLICATION

NAME:			
LICENSE NUMBER: PSY	EXPIRATIO	EXPIRATION DATE:	
RENEWAL STATUS (Check the	appropriate box): ACTIVE [(\$410.00)	INACTIVE ☐ (\$50.00)	
CONTINUING EDUCATION education required for renewal of	N CERTIFICATION: I successfully comp f my license.	oleted hours of continuing	
or pled nolo contendre to any vio	nor traffic violations, since you last renewed lation of any law of any state, the United Statelonies (including but not limited to civil, welfaction which has been dismissed.	ates, or foreign country? You must	
YES * NO			
* If you answer yes to the convaddress above.	riction question, please send certified cop	pies of the court records to the	
LAW & ETHICS REQUIRE the practice of psychology in Cali	MENT : I have obtained training in the subjection in the subjecti	ect of laws and ethics, as they apply to	
YES NO			
I declare under penalty of perjur	ry under the laws of the State of California t	hat the foregoing is true and correct.	
Signature	Da	ite	
active renewal or \$50.00 for an ir	Idress as soon as possible along with the rec nactive renewal. An additional \$25.00 deling piration date. Upon receipt and review of the	quency fee will be required if the renewal	
	eks for processing by mail or ment required, you may fax it		
PLEASE NOTE: Expedite	d renewals may be completed onli	ine @ www.psychboard.ca.gov.	
The address of record is public the phone, in writing, or via the	c information and is available to anyone v e Board's web site.	who requests this information over	
Change of Public Record Ac	ddress:	_	
Phone # (for reference):	Email Address (optional) _		